



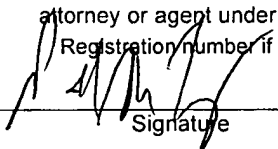
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PTO/SB/22 (09-06)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2010 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 085742-0273	
Application Number 10/566,121 – CONF. # 3707		Filed January 25, 2006	
For TREATMENT OF DEPENDENCE WITHDRAWAL			
Art Unit 1618		Examiner Micah Paul YOUNG	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1,110	\$555
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,730	\$865
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,350	\$1,175
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required or credit overpayment to Deposit Account No. <u>500417</u>		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>52,392</u>			
 _____ Signature		<u>March 25, 2010</u> Date	
<u>Paul M. Zagar, M.D.</u> Typed or printed name		<u>(212) 547-5400</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

*Please recognize our Customer No. 20277 as our correspondence address.*03/29/2010 LNGUYEN1 00000001 500417 10566121
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